



PTO/SB/17 (10-03)  
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<b>FEE TRANSMITTAL</b> <b>for FY 2004</b> <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>																																																																																																																																																																																																																																																			
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/635370																																																																																																																																																																																																																																																		
		Filing Date	August 9, 2000																																																																																																																																																																																																																																																		
		First Named Inventor	Kuanghui Lu																																																																																																																																																																																																																																																		
		Examiner Name	D. A. Lambertson																																																																																																																																																																																																																																																		
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<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>225.00</b>		Attorney Docket No.	ESCL-P02-060																																																																																																																																																																																																																																																		
<b>METHOD OF PAYMENT</b> (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <b>18-1945</b> Deposit Account Name: <b>Ropes &amp; Gray LLP</b> The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<b>FEE CALCULATION</b> (continued)																																																																																																																																																																																																																																																			
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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 10/29/04 Signature: G2Kel (Ginny Blundell)